

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018085

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4215

FILED APR 23 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST. LOUIS-MO

Length of stay in 1b

10 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

DEACONESTHOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

FRANKLIN

c. CITY

OR

TOWN

WASHINGTON

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

809 E. 1st STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

MARTHA

EMMA

PLESSNER

4. DATE

OF DEATH

Month

Day

Year

APRIL

15-1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4/11/1881

9. AGE (last birthday)

76-0-15

IF UNDER 1 YEAR

Months

IF UNDER 24 H

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

CAMPBELLTON-MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHRIST HORSTMANN

13b. MOTHER'S MAIDEN NAME

FRIEDERICKA NIEBURG

14. NAME OF HUSBAND OR WIFE

WILLIAM PLESSNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

William Plessner, Washington

18. CAUSE OF DEATH (Enter only one cause per line on (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Pancreas

INTERVAL BETWEEN ONSET AND DEATH

6 MO

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

157X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/7/63

to

4/16/63

and last saw her

on

4/15/63

Death occurred at

8

P.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kearl Sallee MD

22b. ADDRESS

7820 Carondelet Ave

22c. DATE SIGNED

4/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-18-1963

23c. NAME OF CEMETERY OR CREMATORY

LUTHERAN CEMETERY

23d. LOCATION (City, town, or county)

WASHINGTON-MO

24. FUNERAL DIRECTOR

Nieburg & Vitt, Washington, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

APR 16 1963

26. REGISTRAR'S SIGNATURE

Kearl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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JAN 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me. Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Alvin C. Nieburg

Licensed Embalmer No. 2389

P. O. Address

Washington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.